

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1				51	
2							52	
3		2					53	
4		1					54	
5		1					55	
6		2					56	
7		0					57	
8		0					58	
9		0					59	
10		0					60	
11		0					61	
12		0					62	
13	1		1				63	
14		1					64	
15		2					65	
16							66	
17							67	
18							68	
19							69	
20							70	
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40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓		↓	TOTAL IND.	↓
TOTAL DEP.		↓	18	↓		↓	TOTAL DEP.	↓
TOTAL CLAIMS			20				TOTAL CLAIMS	